DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HOUSE NEXT DOOR(THE) (0010458)

Address: N99840 MAY COULEE RD, HIXTON, WI 54635

License Status: REGULAR

Licensed/Certified/Registered 12/19/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096817 End Date: 03/28/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009778 Served 04/21/2006

Deficiencies Cited Subject Area Subject Area Compliance

Verified

Deficiencies Cited
88.05(3)(a)Subject Area
HOME ENVIRONMENTVerified
08/09/2006Corrected
Yes

Survey ID: 0091740 End Date: 12/19/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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